



# Basketball "Fun"damentals

Kindergarten through 2nd grade Winter/Spring 2010

## Harpswell Islands School

On Tuesdays  
3:30 - 4:40 pm  
February 23 - March 30

## West Harpswell School

On Thursdays  
3:20 - 4:30 pm  
February 25 - April 1

No Cost for children in Harpswell thanks to an anonymous donor.  
Non-Resident Fee: \$10

**There is no on-site registration.**

### Send fee and form to:

Town of Harpswell  
Recreation Department  
PO Box 39  
Harpswell, Maine 04079

OR

### Drop at the Town Office

during regular business  
hours.  
M, T, W, F 8:30-4:30  
Thursday 1:00-6:30

OR

### Put in the drop box to

the right of the front  
glass entrance at the

For More Info contact: Gina Perow 833-5771 ext. 103 or harpswellrec2@suscom-maine.net



This program depends on Parent Volunteers. We need Coaches and Helpers. Please check the box on the registration form if you are willing to help us. Thank you.



## 2010 Basketball "Fun"damentals

R4130

Child's Name \_\_\_\_\_ Boy ( ) Girl ( )

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Grade (check one): ☐ K ☐ 1 ☐ 2

School site for program (choose one): ☐ HIS ☐ WHS

Parent/Guardian Name \_\_\_\_\_ Phone (day) \_\_\_\_\_

\_\_\_\_\_ Phone (eve) \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical/emotional concerns and /or restrictions \_\_\_\_\_



☐ I am interested in coaching or helping

\*\*Photos & videos taken may be used for local publicity\*\*

**Release from Liability** In consideration of the permission granted to my child by the Harpswell Youth League to participate in the basketball games, practices and other activities during the Winter/Spring of 2010, I hereby release and discharge the Developmental Basketball, its agents and officers, M.S.A.D. 75 and Town of Harpswell from all actions, causes of action, damages, claims or demands which I, my heirs, executors administrators and assigns may have against the aforementioned parties, for all personal injuries, known or unknown, which my child has or may incur by participation in the above mentioned activities. I realize I must provide my own health/accident insurance for injuries that my child may sustain while participating in the above mentioned activities. I give the supervisor permission (in my absence) to obtain whatever medical treatment may be necessary in the event of injury.

Date \_\_\_\_\_ Signature \_\_\_\_\_ (Parent or Guardian)